

OIPE COST

Client's Ref. No.: MGH 2236

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>ZEBRAFISH ASSAY</u>, the specification of which:

| []<br>[X]            | is attached hereto.<br>was filed on <u>September</u>  | 29, 2003 as Appl    | ication Serial No. <u>1</u> 0           | 0/605,415 and was ar     | nended on        |
|----------------------|---|---------------------|---|--------------------------|------------------|
| D                    | was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on |                     |   |                          |                  |
|                      | eby state that I have revie<br>claims, as amended by an   |                     |   | e above-identified spe   | cification,      |
|                      | nowledge the duty to disc<br>e of Federal Regulations,  |                     | on I know to be mate                    | rial to patentability in | accordance with  |
| I her application(s) | eby claim the benefit under listed below:   | er Title 35, United | States Code, §119(                      | e)(1) of any United St   | ates provisional |
|                      | U.S. Serial No.   | Filin               | g Date                                  | Status                   |                  |
| 60/42                | 7,753   | 11/20/2002          | <del></del>                             | Expired                  |                  |
|                      | eby appoint the following<br>e Patent and Trademark C   |                     |   | his application and to   | transact all     |
| Louis Myers,         | puis Myers, Reg. No. 35,965   |                     | Leda Trivinos, Reg. No. 50,635          |                          |                  |
| Timothy A. F.        | mothy A. French, Reg. No. 30,175  |                     | Laurie Butler Lawrence, Reg. No. 46,593 |                          |                  |
| John W. Free:        | man, Reg. No. 29,066  |                     | Ramon Tabtiang, Reg. No. P-55,658       |                          |                  |
| Dire                 | ct all telephone calls to Lo  | ouis Myers at telep | hone number (617)                       | 542-5070.                |                  |
| Dire                 | ct all correspondence to  | the following:      |   | •                        |                  |

### **PTO Customer Number**

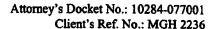
### 26161

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Attorney's Docket No.: 10284-077001 Client's Ref. No.: MGH 2236

# Combined Declaration and Power of Attorney Page 2 of 2 Pages

| Full Name of Inventor: Inventor's Signature:                               | CALUMA. MACRAE   | Date:    | 1 23 074 |
|--|--|----------|----------|
| Residence Address:<br>Citizenship:<br>Post Office Address:                 | 142 Truman Road, Newton Center, MA 02459<br>United Kingdom<br>142 Truman Road, Newton Center, MA 02459 |          | , ,      |
| Full Name of Inventor:   | DAVID J. MILAN   | <u>.</u> | 11121-4  |
| Inventor's Signature: Residence Address: Citizenship: Post Office Address: | 396 Beacon St. #3, Boston, MA 02116<br>USA<br>396 Beacon St. #3, Boston, MA 02116                      | _ Date:  | 1 23 04  |
| Full Name of Inventor:   | C. GEOFFREY BURNS  |          |          |
| Inventor's Signature:<br>Residence Address:<br>Citizenship:                | 34 Sheafe St. #4, Boston, MA 02113<br>USA  | _ Date:  | 1/23/04  |
| Post Office Address:   | 34 Sheafe St. #1, Boston, MA 02113   |          |          |
| Full Name of Inventor: Inventor's Signature:                               | RANDALL PETERSON  10 CT Startham MA 02180  | _ Date:  | 1/23/04  |
| Residence Address:<br>Citizenship:<br>Post Office Address:                 | 42 Perkins St., Stoneham, MA 02180<br>USA<br>42 Perkins St., Stoneham, MA 02180                        |          | ·        |
| Full Name of Inventor:   | TRAVIS PETERSON  | Date     |          |
| Inventor's Signature: Residence Address: Citizenship: Post Office Address: | 25 W. 200 Highview, Naperville, IL 60563<br>USA<br>25 W. 200 Highview, Naperville, IL 60563            | _ Date:  |          |
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| []<br>[X]    | is attached hereto.<br>was filed on <u>September</u>    | <u>r 29, 2003</u> as Appli                | cation Serial No. <u>10</u>               | 0/605,415 and was a      | mended on         |
|--------------|---|---|---|--------------------------|-------------------|
| 0            | was described and claim                                 | ned in PCT Internat<br>d as amended under | ional Application No<br>PCT Article 19 on | )·                       | _ filed on        |
|              | reby state that I have revi-<br>claims, as amended by a |   |   | above-identified spe     | ecification,      |
|              | knowledge the duty to dis<br>le of Federal Regulations, |   | n I know to be mater                      | rial to patentability is | n accordance with |
|              | reby claim the benefit und                              | der Title 35, United                      | States Code, §119(e                       | )(1) of any United S     | tates provisional |
|              | U.S. Serial No.   | Filin                                     | g Date                                    | Status                   |                   |
| 60/42        | 27,753  | 11/20/2002                                |   | Expired                  |                   |
|              | reby appoint the following                              |   |   | is application and to    | transact all      |
| ouis Myers,  | Reg. No. 35,965   |   | Leda Trivinos, Re                         | g. No. 50.635            |                   |
| Timothy A. F | rench, Reg. No. 30,175                                  |   | Laurie Butler Lawrence, Reg. No. 46,593   |                          |                   |
| ohn W. Free  | man, Reg. No. 29,066                                    |   | Ramon Tabtiang, Reg. No. P-55,658         |                          |                   |
| Dire         | ct all telephone calls to I                             | mis Muers at telen                        | hone mimber (617) 5                       | 542-50 <b>7</b> 0        |                   |

Direct all correspondence to the following:

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Attorney's Docket No.: 10284-077001 Client's Ref. No.: MGH 2236

# Combined Declaration and Power of Attorney Page 2 of 2 Pages

| Full Name of Inventor:            | CALUM A. MACRAE                          |             |         |
|-----------------------------------|--|-------------|---------|
| Inventor's Signature:             |  | Date:       |         |
| Residence Address:                | 142 Truman Road, Newton Center, MA 02459 |             |         |
| Citizenship:                      | United Kingdom                           |             |         |
| Post Office Address:              | 142 Truman Road, Newton Center, MA 02459 |             |         |
| Full Name of Inventor:            | DAVID J. MILAN                           |             |         |
| Inventor's Signature:             |  | Date:       |         |
| Residence Address:                | 396 Beacon St. #3, Boston, MA 02116      |             |         |
| Citizenship:                      | USA                                      |             |         |
| Post Office Address:              | 396 Beacon St. #3, Boston, MA 02116      |             |         |
| Full Name of Inventor:            | C. GEOFFREY BURNS                        |             |         |
| Inventor's Signature:             |  | Date:       |         |
| Residence Address:                | 34 Sheafe St. #1, Boston, MA 02113       | <del></del> |         |
| Citizenship:                      | USA                                      |             |         |
| Post Office Address:              | 34 Sheafe St. #1, Boston, MA 02113       |             |         |
| Full Name of Inventor:            | RANDALL PETERSON                         |             |         |
| Inventor's Signature:             |  | Date:       |         |
| Residence Address:                | 42 Perkins St., Stoneham, MA 02180       |             |         |
| Citizenship:                      | USA                                      |             |         |
| Post Office Address:              | 42 Perkins St., Stoneham, MA 02180       |             |         |
| Full Name of Inventor:            | TRAVIS PETERSON                          |             |         |
|                                   | 1 - 2                                    |             |         |
| Inventor's Signature:             | from taken                               | Date:       | 1-24-04 |
| Residence Address:                | 25 W. 200 Highview, Naperville, IL 60563 |             |         |
| Citizenship: Post Office Address: | USA                                      |             |         |
| rost Office Address:              | 25 W. 200 Highview, Naperville, IL 60563 |             |         |

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